Employee
Travel and Expense Claim Voucher

Check one
☐ Employee / ☐ Non-Employee Name _____   Mail Stop_____

Division / Agency _____   Tel. No. _____
Employee

Home Address_____   I.D. No. _____

City   ZIP

☐ Travel Claim   ☐ Misc. Expense Claim   Board / Other Capacity _____

Please complete appropriate Coding Block (for on-line users please use Times Roman, size 12 pt.). **If splitting costs between systems, please use separate forms.**

ARMS CODING BLOCK

Vendor Number	LINE	Description	ORG Unit	Account	Task	Option	Project or Work Auth.	$ Amount
	1							
	2							
	3							
	4							
							Total	

IBIS ACCOUNTING FLEXFIELD

Fund	Cost Center	Account	Project	Phase	Sub-Project	Grant	Bond Acct	$ Amount

ITEMIZATION

Date	Time	Nature and Explanation of Trip Route or Location	Cost of Lodging	Breakfast	Lunch	Dinner	Personal Car Miles	Cost	Parking Cost	$ Amount
	Depart									
	Arrive									
	Depart									
	Arrive									
	Depart									
	Arrive									
	Depart									
	Arrive									
	Depart									
	Arrive									

Other Reimbursable Expenses – Enter Total from page 2.

Date	Nature and Explanation

Claimant Certification – I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me on behalf of King County. I have not previously requested or received payment for this claim.

Signature _____   Date_____

Certification for Payment – I hereby certify under penalty of perjury that this claim is a just, due and unpaid obligation against King County and I am authorized to certify said claim.

Signature _____   Date_____

All claims for in-state overnight or out-of-state travel must include a copy of the original completed King County Pre-Authorization Voucher.

Total Claim	
Less Advance	
☐ **Due to Employee**	
☐ **Due to King County**	